

\$150

BAYFIELD COUNTY
SANITARY PERMIT APPLICATION



Zoning District _____
Lakes Class _____

RECEIVED
JUL 29 2016

I. APPLICATION INFORMATION
(Please Print All Information)
Soil Test No: _____ County Permit No: 16-0244

Property Owner's Name: Bradly A. Janacek Bayfield Co. Zoning Dept. County: Bayfield

Address of Property: 42720 Cable Sunset Rd 54821 Property Location: SW 1/4 NW 1/4, S 24 T 43 N, R 8 E (or) W

Property Owner's Mailing Address: 340 Locust St. Wausau Township: Cuba Gov. Lot #: _____

City, State: Wis. Rapids WI Zip Code: 54008 Phone Number: 715-451-7183 Lot #: _____ Block #: _____ Subdivision Name or CSM #: _____

II. TYPE OF BUILDING: (Check One)
 State Owned
 Public (Explain the use/purpose _____)
 1 or 2 Family Dwelling - No. of Bedrooms: 1
Parcel ID: 04-012-2-43-08-24-203-000-30000
Tax Number(s): 9660

III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)
A) New Replacement County Private Interceptor
 Reconnection Repair Revision ** Transfer of Owner (List Previous Owner below) _____
B) A Sanitary Permit was previously issued. Previous Permit Number: _____ Date Issued: _____

IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above
C) Pit Privy Vault Privy (Vault size: _____ gallons or _____ cubic yards)
 Portable Privy Camping Transfer Unit Container Composting Toilets Incinerating Toilet

V. ABSORPTION SYSTEM INFORMATION:

1. Gallons Per Day	2. Absorp. Area Required (Sq.Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq.Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev.(Feet)	7. Final Grade Elev. (Feet)

VI. TANK INFORMATION:	Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
	New Tanks	Existing Tanks									
Septic Tank or Holding Tank	<u>300</u>		<u>300</u>	<u>1</u>							
Lift Pump Tank / Siphon Chamber											

VII. RESPONSIBILITY STATEMENT:
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.
Owner's Name(s): (Print) BRADY JANACEK Owner's Signature(s) (No Stamps) [Signature]
Plumber's Name: (Print) _____ Plumber's Signature: (No Stamps) _____ MP/MPSW No: _____
Plumber's Address: (Street, City State, Zip Code) _____ Home Phone: _____ Business Phone: _____

VIII. COUNTY / DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit/Transfer Fee: <u>\$150</u>	Date Issued: <u>8-3-16</u>	Issuing Agent's Signature / Date: <u>[Signature] 8/10/16</u>
<input type="checkbox"/> Owner Given Initial	<input type="checkbox"/> Adverse Determination			

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL: